Lifestyle behaviours of men and women and implications for healthy lifestyle service providers in the large municipality of Leeds, UK

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Introduction

The city of Leeds has the third largest population in the UK (~368,000 males and 384,000 females) and has aspirations to be the Best City for Health and Wellbeing by 2030 (Leeds City Council, 2013)

The Centre for Men's Health in Leeds has expertise in gendered health epidemiology, men and health promotion and men's experience of illness and diagnosis. In 2011 the Centre led the European Commission 'State of Men's Health in Europe' report

Leeds City Council commissioned the Centre for Men's Health to explore the state of men's health in the City. This is the first city in the UK to undertake such a detailed study

Introduction

Life expectancy at birth across Leeds

78.9 years for men (range of 74.8 to 85.0 years)

82.4 for women (range of 76.8 to 88.5 years)

20% of male deaths in Leeds occur under the age of 65 years compared to 12% of female deaths (ONS, 2015)

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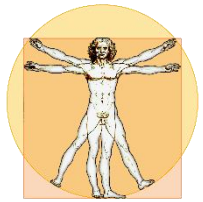
Factors influencing the health of men

The male body and physical sex-differences



Intersectional factors

Lifestyle

Social determinants

Masculinities

(White, 2013)

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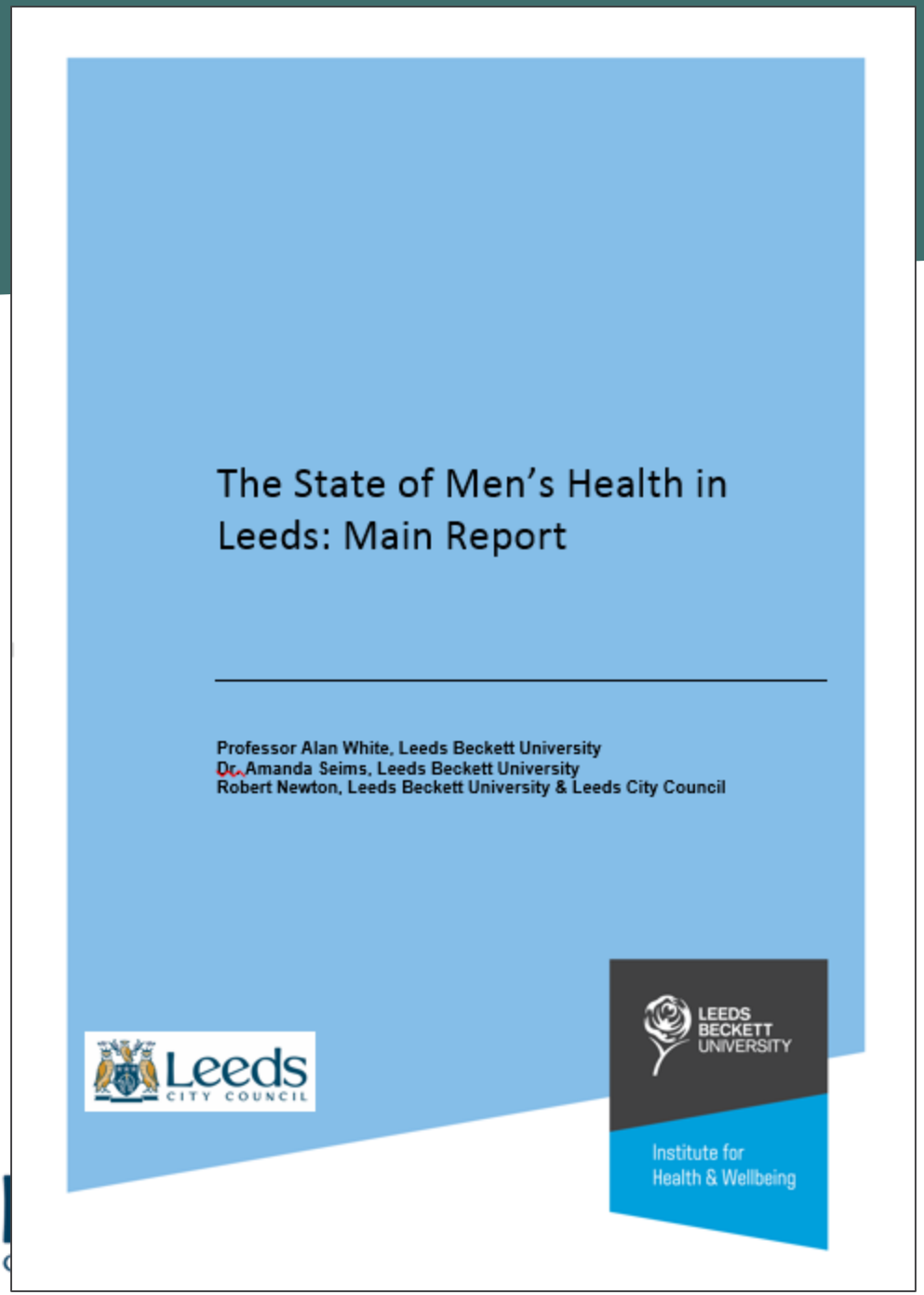
The State of Men's Health in Leeds: Main Report
Professor Alan White, Leeds Beckett University
Dr. Amanda Seims, Leeds Beckett University
Robert Newton, Leeds Beckett University & Leeds City Council
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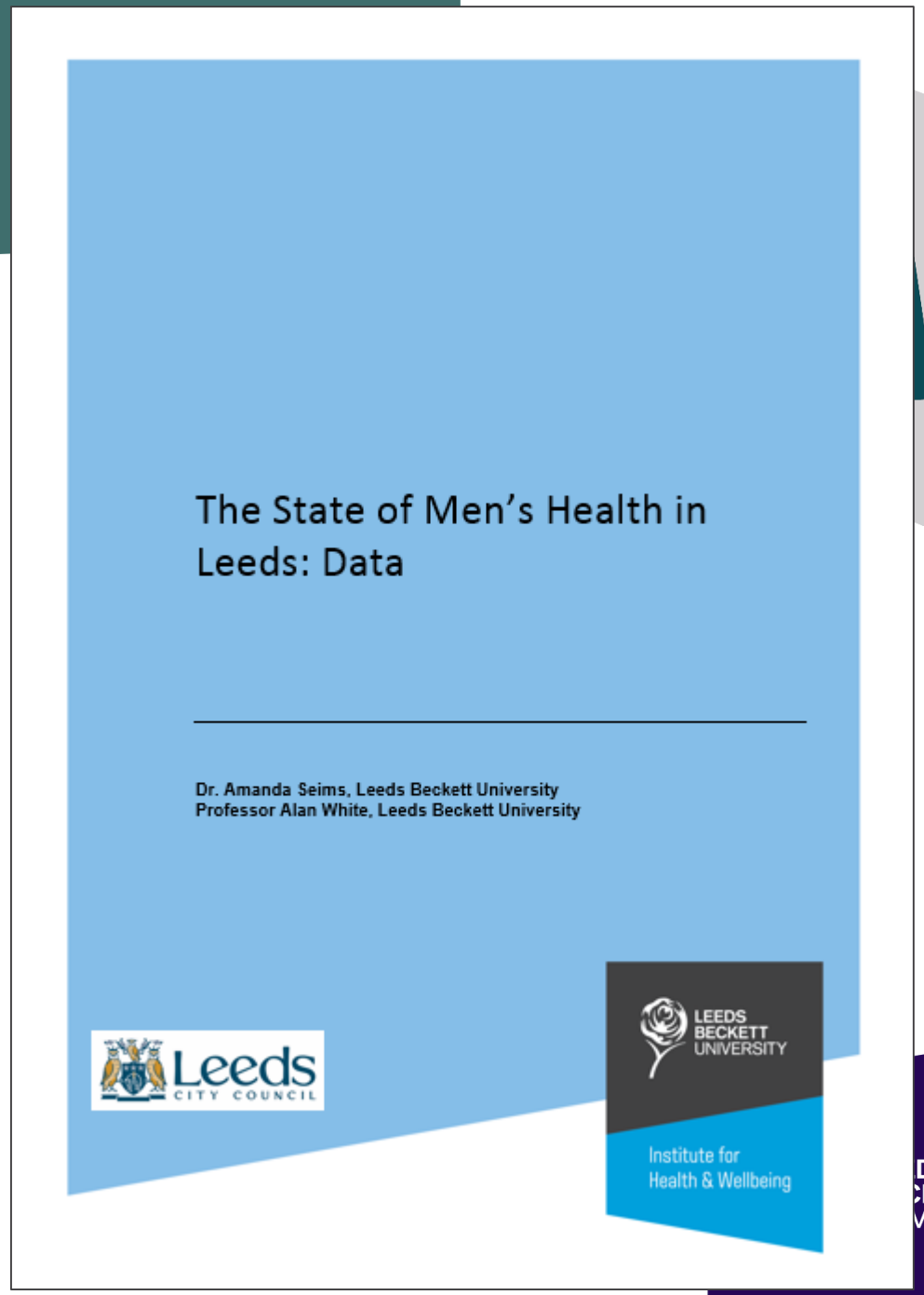
Institute for Health & Wellbeing


The State of Men's Health in Leeds: Data
Dr. Amanda Seims, Leeds Beckett University
Professor Alan White, Leeds Beckett University
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Objectives

To obtain knowledge of the difference between men's and women's lifestyles

To develop specific gendered recommendations for the city's healthy lifestyle service providers to improve men's health behaviours.

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Methods

Secondary analysis of GP audit data (smoking status, alcohol consumption, physical activity status and weight classification) and of healthy lifestyle service use of male and female working age (16-64 years)

Prevalence of risk reported as a percentage of the GP registered population with known data

Unknown data for each risk factor were reported as a percentage of the total GP registered population

Data were reported at city level and across the 107 local areas across the city (Middle Super Output Areas [MSOAs])

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Results – prevalence of unhealthy lifestyle

	Men		Women	
	City wide (%)	Across MSOAs (%)	City wide (%)	Across MSOAs (%)
Alcohol consumption associated with an increasing or higher risk to health	19.9	9.3 - 30.0	12.9	7.1 - 18.5
Smoker	28.2	12.2 - 44.8	21.1	8.2 - 40.9
Inactive	24.1	9.1 - 46.8	29.4	10.4 - 55.6
Above normal weight[1]	51.7	27.1 - 63.9	47.1	17.1 - 61.2
Obese[2]	18.8	6.7 - 26.2	21.8	5.4 - 32.5

% are based on the proportion of the total GP registered population with data recorded

[1] Overweight and all obese categories **[2] All obese categories**

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Scale of missing data

	Men		Women	
	City wide (%)	Across MSOAs (%)	City wide (%)	Across MSOAs (%)
Alcohol	56.7	34.7 - 86.2	57.7	31.5 - 89.2
Smoking status	6.5	2.6 - 17.2	2.5	0.6 - 7.9
Physical activity status	81.3	67.6 - 97.2	79.9	64.9 - 98.3
Weight classification	21.0	9.4 - 41.1	9.2	1.9 - 22.4

NB. % are based on the proportion of the total GP registered population

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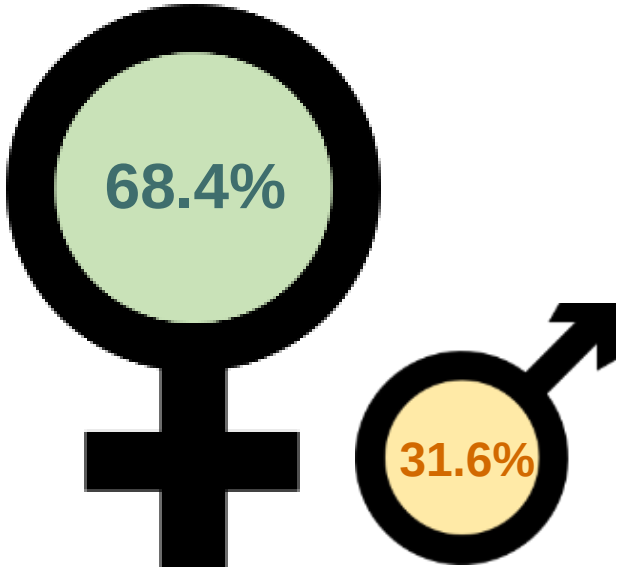
Healthy lifestyle service use



Percentage of males and females registered with Healthy Living Services

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Discussion

Unhealthy lifestyles are generally more common in men than women although there is wide variation across Leeds, with risk factors for poor health being most common among men in the less-affluent areas

Better data recording is important to identify areas of greatest need

Services should consider how best to support men e.g. men-only weight-loss groups which incorporate sport, fun and use business-like language (Robertson *et al.,* 2014) and delivering services within the workplace (Cahill and Lancaster, 2014)

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Discussion

This research will influence the new healthy living service specification for Leeds

The next important step is for us to explore the narrative behind unhealthy lifestyles and service use of men in Leeds through interviews

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Conclusion

Leeds is a city with great variance in the health and wellbeing of its men, with areas of high deprivation seeing very different health challenges than for men living in the more affluent suburbs

It is important that cities design integrated, person-centric services to facilitate good health and positive health choices – lifestyle needs to be considered alongside other factors affecting health

Local government can provide leadership across a city but other key organisations must take action

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